CLAIMS ONLY

Application Number: 105 978 39

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10		/					60							
11		/					61							
12		X 1					62							
13		/					63							
14		/					64							
15		X					65							
16		X 1					66							
17							67							
18							68							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	1						Total Indep							
Total Depend	15						Total Depend							
Total Claims	16						Total Claims							